POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*e.H*		06-26-01
O.I.P.E. CLASSIFIER		*XB*	*1/5/>*
FORMALITY REVIEW	MM	572	08-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date										
Final	Original											
1	✔	✔										
2	✔	✔										
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48		)										
49												
50	✔											

Claim		Date										
Final	Original											
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												

Claim		Date										
Final	Original											
101												
102												
103												
104												
105												
106												
107												
108												
109												
110												
111												
112												
113												
114												
115												
116												
117												
118												
119												
120												
121												
122												
123												
124												
125												
126												
127												
128												
129												
130												
131												
132												
133												
134												
135												
136												
137												
138												
139												
140												
141												
142												
143												
144												
145												
146												
147												
148												
149												
150												

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)